

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030844

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4390

VS 300
Rev. 4/591
2342-8

3

4 0

5 2

6

7 1

8 0

9 4200

10

11

12 86-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Otto W. Theel

FILED SEP 10 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in lb
45 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION KIMBALL REST HOMEInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1108 EAST 29th STReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First JOHN

Middle P.

Last BALMAN

4. DATE
OF DEATH

Month 8

Day 24

Year 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

7-12-1877

9. AGE (last birthday)

85 yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

PURIFICATION DEPT

10b. KIND OF BUSINESS OR INDUSTRY

KC WATER DEPT

11. BIRTHPLACE (City and state or country)

DUBUQUE IOWA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

PETER BAUMAN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

KATHERINE BAUMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

FRANK CALLAHAN, 1109 W. 40th K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

1 week

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypostatic Congestion

3 wks

DUE TO (c)

Arteriosclerotic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-10-62 to 8-24-62 and last saw her alive on 8-24-62

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Otto W. Theel M.D.

(Degree or title)

22b. ADDRESS

4301 Main St. KC Mo

22c. DATE SIGNED

8-25-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

8-27-1962

23c. NAME OF CEMETERY OR CREMATORY

ST. MARYS CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY, Mo.

(State)

24. FUNERAL DIRECTOR

MUEHLEBACH

ADDRESS

6800 TROOST

25. DATE RECD. BY LOCAL REG.

8-28-62

26. REGISTRAR'S SIGNATURE

Oruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Dr. Otto Threl
4301 Main

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *E. O. Nelson*

Licensed Embalmer No. 4421

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.